vision: HCFA-AT-80-38 (BPP) May 22, 1980

State Guam

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

1.1 Designation and Authority

cfr 431.10 -79-29

(a) The Department of Public Health and

Social Services

is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

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rision: HCFA-AT-80-38 (BPP) May 22, 1980

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the Act

1.1(b)

The State agency that administered or supervised the administration of the plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

Yes. The State agency so designated is

This agency has a separate plan covering that portion of the , State plan under title XIX for which it is responsible.

 \sqrt{xx} Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a). vision: HCFA-AT-80-38 (BPP) May 22, 1980 State Guam tation 1.1(c) Waivers of the single State agency tergovernmental requirement which are currently oporation Act operative have been granted under 1968 authority of the Intergovernmental Cooperation Act of 1968. Yes. ATTACHMENT 1.1-B describes these waivers and the approved alternative organizational arrangements. Not applicable. Waivers are no longer in effect. /xx Not applicable. No waivers have ever been granted.

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n: HCFA-AT-80-38 (BPP) May 22, 1980

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

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Guam

State

Part 201 AT-76-141 As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

Department of Public Health and Social Services (single State agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

TN # 77-4 Supersedes TN #

Approval Date 6/6/72 Effective Date 1/1/27

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

JAN 29 1981

State Guam

Citation 42 CFR 431.10 AT-79-29

1.1(d) Responsibility for determinations of eligibility for Medicaid under this plan is carried out as follows:

Agency

Coverage Groups(s)

There is a written agreement relating to these determinations between the agency named in paragraph 1.1(a) and the agency administering or supervising the administration of the State plan approved under title I or XVI of the Social Security Act. The agreement defines the relationships and respective responsibilities or the agencies.

Not applicable. The agency named in paragraph 1.1(a) has responsibility for all such determinations.

IN # 77-4 Supersedes # MT

Approval Date 6/6/77

Effective Date ///22

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State Guam

Citation 42 CFR 431.10 AT-79-29 1.1(e) All other provisions of this plan are administered by the Medicaid agency except for those functions for which final authority has been granted to a Professional Standards Review Organization under title XI of the Act.

(f) All other requirements of 42 CFR 431.10 are met.

TN # 77-4 Supersedes TN #

Approval Date 6/6/27

Effective Date